

Application Form for Admission to 2021-2022
Waseda University Graduate Schools of
Science and Engineering Exchange Program

(追加分の写真2枚の上部だけ貼ること。)
Paste only the upper portion of the two additional photos.

学 校 名 Name of School	学校所在地 Location of School	在 学 期 間 Period of Attendance		学 位 Degree
	 (year) (month)	
	 (year) (month)	
	 (year) (month)	
	 (year) (month)	
	 (year) (month)	
	 (year) (month)	
	 (year) (month)	
			通算修学年数 Total Years of Education	

VI. 希望プログラム Desired Program

- ☐ 英語履修プログラム : English-based Program
☐ 日本語履修プログラム : Japanese-based Program

Exchange students will be accepted in the following departments. Confirm the details with your desired supervisor before application.

Departments	Program	Language to be used in the courses
Department of Applied Mechanics and Aerospace Engineering	Japanese-based Degree Program	Japanese
Department of Materials Science	Japanese-based Degree Program	Japanese
Department of Architecture	Japanese-based Degree Program	* English or sufficient English support
Department of Industrial and Management Systems Engineering	Japanese-based Degree Program	Japanese
Department of Business Design & Management	Japanese-based Degree Program	Japanese
Cooperative Major in Nuclear Energy	Japanese-based Degree Program	Japanese
Department of Advanced Science and Engineering	Japanese-based Degree Program	Japanese

* Department of Architecture will provide their courses in English or with sufficient English support, even you are accepted in Japanese based program.

Written Consent to Course Registration

Exchange students are allowed to take the courses which they have been given permission to take. The courses must be chosen from those offered by the Department you are to enroll in. We cannot always offer courses taught in English. In some Departments, only courses taught in Japanese are offered. Before course registration (apply), you are required to talk with and obtain consent of your academic supervisor on what courses you are going to register.

交流学生は受入教員(指導教員)が許可した科目を受講することができます。登録する科目は、入学予定の専攻が設置する科目のみを選択することができます。科目は、必ず英語で提供できるとは限りません。日本語実施の科目しか提供していない専攻もあります。科目登録前(出願前)に、どの科目を登録するか、受入教員(指導教員)の先生と話し、許可をもらってから、科目登録してください。

I hereby agree with the contents written above
 上記事項に同意します。

Signature(署名) _____

外国語学習歴 (日本語を含む)

Foreign Language Study (including Japanese language courses)

	外国語 Foreign Language	履修期間 Period of Study (Years)	履修機関 Institution
1.		年間	
2.		年間	
3.		年間	

日本語能力 (熟達程度を自己評価し、○でかこむこと)

Japanese Proficiency (Evaluate yourself and circle one.)

日本語学習に使用した本を記入すること。

List the Japanese language textbooks used.

読解力	優	良	可	不可
Reading	Excellent	Good	Fair	Poor
会話力	優	良	可	不可
Speaking	Excellent	Good	Fair	Poor
筆記力	優	良	可	不可
Writing	Excellent	Good	Fair	Poor
理解力	優	良	可	不可
Understanding	Excellent	Good	Fair	Poor

職 歴 Occupational Experience

職 場 名 Name of Employer	所 在 地 Location	勤 務 期 間 Period of Employment

兵 役 Military service etc.

☐ 終了 $\left(\begin{array}{c} \text{from} \quad \quad / \quad \quad \quad \text{to} \quad \quad / \quad \quad \\ \text{Year} \quad / \quad \text{Month} \quad \quad \text{Year} \quad / \quad \text{Month} \end{array} \right)$
Completed

☐ 未了 Yet to be done
☐ なし No obligatory military service

家 族（家族について記入すること）

Family (Fill in information about your family members)

続 柄 Relationship	氏 名 Full name in Kanji or Roman Letters	年 齢 Age	職 業 Occupation

日本在住連絡人 Contact person residing in Japan, if any

氏 名 Full name in Kanji or Roman Letters	本人との関係 Relationship
住 所 〒 Address	電話 (Phone)
職 業（詳細に記入すること） Occupation (in detail)	電話 (Phone)

The Research Plan is considered an important criterion for selection. If your statement of intended study plan at Waseda is not clear, or if your intention is not in line with the content of the program, school, or department that you wish to enter, you might not be selected. Therefore, please examine the curriculum carefully before applying. Please write your research plan including the explanation about your major and any thesis research that you are conducting at your home university

早稲田大学における研究計画 Research (Study) Plan at Waseda

Research (Study) Plan at Waseda		
氏 名 Name	希望指導教員名 Name of Prospective Advisor	<input type="checkbox"/> 修士課程 Master's Program <input type="checkbox"/> 博士後期課程 Doctoral Program

留学にかかる経費負担計画書
Statement of Financial Resources

氏 名 Full Name	国 籍 Nationality
出 願 研 究 科 Name of Graduate School	出願課程 Course
	交流学生 Exchange Student (no need to fill in)

あなたが早稲田大学に**留学する間の総費用**の支出元を明記してください。
Please indicate below the source and amount of funding **throughout the period of your study** at Waseda University.

支出元 Sources of Funds	金額（単位：円） Amount (Japanese yen)
個人貯蓄 Personal savings	¥ _____
両親または親戚 Parent or relative (関係 :) (Please specify the relationship:)	¥ _____
政府またはその他財団 Government / sponsoring agency (名称 :) (Name of your sponsor:) * 奨学金受給証明書のコピーを提出してください。 * Please attach a copy of scholarship award letter.	¥ _____
その他 Others (詳細 :) (Please specify the details:)	¥ _____
TOTAL:	¥ _____

上記に示しました内容に相違ないことを誓約いたします。
I hereby certify that all information on this statement is true and accurate and that the stated funds are available for my educational expenses at Waseda University.

志望者氏名 _____ 日付 _____
Student's signature _____ Date _____

Waseda University **Agreement for Defraying Expenses**
(経費支弁書)

To Waseda University

Nationality: _____

Full Name(Applicant): _____

Date of Birth: _____ / _____ / _____ (male / female)
(month / day / year)

I agree to defray all costs for the above person during his/her stay in Japan, and therefore I will explain the circumstances of this agreement below.

1. Reason for defraying his/her expenses

Please explain in detail the circumstances where you agree to defray the applicant's costs and your relationship to him/her:

2. Particulars of Agreement

I (the defrayer), _____, hereby, agree to defray the costs of the above person during his/her stay in Japan. In order to prove that I have defrayed his/her living expenses, I also agree to provide documents, such as copies of proof of telegraphic transfer or of his/her bank account book, when he/she applies for an extension of period of stay.

- 1) Tuition: monthly / semi-annually / annually _____ JPY
2) Living Expenses: monthly amount _____ JPY
3) Method of payment (Please explain in detail, e.g. bank transfer, money order, etc.)

_____/_____/_____
month / day / year

Name of person defraying expenses: _____
(Family) (Given) (Middle)

Address: _____ TEL _____

Full Name (Signature): _____ seal

Relationship to applicant: _____